

DEBTOR: Linda Anelli CASE NUMBER: 20-12475

OFFICE OF THE UNITED STATES TRUSTEE
DISTRICT OF ALEXANDRIA/DISTRICT OF COLUMBIA DIVISIONS
MONTHLY OPERATING REPORT
CHAPTER 11
INDIVIDUAL DEBTORS

Form 3
COVER SHEET AND QUESTIONNAIRE
For Period Ended: Nov

THIS REPORT MUST BE FILED WITH THE COURT 15 DAYS AFTER THE END OF THE MONTH
Debtor must attach each of the following reports / documents unless the U. S. Trustee has waived the requirement in writing.

Report/Document	Previously	REQUIRED REPORTS/DOCUMENTS
Attached	Waived	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 Cash Flow Statement (Page 2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 Cash Reconciliation(s) and Narrative (Page 3)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 Cash Receipts Detail (Page 4)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4 Cash Disbursements Detail (Page 5)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5 Receipts and Disbursements Recap Case to Date (Page 6)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6 Bank Statements for All Bank Accounts (remember to redact all but last four digits of bank account number)

QUESTIONNAIRE

Please answer the questions below for the month being reported:

1. Did you deposit all receipts into your DIP account this month?
2. Are all insurance policies current and in effect?
3. Have all taxes been timely filed and paid?
4. Did you pay all your bills on time this month?
5. Are you current on U.S. Trustee quarterly fees payments?
6. Did you borrow money from anyone this month?
7. Did you paid any bills you owed before you filed for bankruptcy?
8. Do you have any bank accounts open other than the DIP account?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I declare under penalty of perjury that this Monthly Operating Report, and any statements and attachments are true, accurate and correct to the best of my belief.

Executed on: _____

Signature (Debtor):

Print name:

Signature (Co-Debtor, if one):

Print name:

DEBTOR: Linda Amellino

Case Number: 2012475

BANK RECONCILIATIONS

Month ending:	Acct #1	Acct #2	Acct #3	Acct #4
Name of Bank: <u>TD Bank</u>				
Last four digits of account: <u>2446</u>				
Purpose of Acct (Personal or Business)				
Type of account (Checking or Savings)				
Balance per Bank Statement				
ADD: Deposits not credited (attach list)				
SUBTRACT: Outstanding check (attach list)				
Other reconciling items (attach list)				
Month end Balance (Must agree with books)				
TOTAL OF ALL ACCOUNTS				

Note: Attach a copy of the bank statement and bank reconciliation for each account

AMOUNTS OWED TO OTHERS at the end of the Month (post petition)

- Personally (attach list stating who, amount, when due)	
- Business (if applicable) (attach list)	
TOTAL OWED POST PETITION	

AMOUNTS OWED TO YOU at the end of the Month (both pre and post petition)

- Personally (attach list stating who, amount, when due)	
- Business (if applicable) (attach list)	
TOTAL AMOUNT OWED TO YOU	

NARRATIVE

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring transactions that are reported in the cash flow statement and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

Rev. 2012-06
PAGE 3

(2) Total of all accounts should equal page 2, line 5 - Ending Cash Balance.

DEBTOR: Linda Aronson

CASE NUMBER: 20-12475

CASH FLOW STATEMENT - INDIVIDUAL DEBTOR(S)

CASH FLOW SUMMARY (SEE NOTE A)

Month Reporting:

\$ 3.49

1. Beginning Cash Balance

2. Cash Receipts

Wages

Sole Proprietorship Revenues

Draws from owned entities other than Sole Prop

Rental Income

Other

Total Cash Receipts

3. Cash Disbursements

Rent or home mortgage payment

Utilities and Telephone Expenses

Home maintenance (repairs/upkeep)

Food / Groceries

Insurance payments

Installment payments (including auto)

Transportation (not including car payments)

Legal / Professional Fees / U.S. Trustee Fees

Sole Proprietorship Expenses

Rental property expenses / repairs

Other

Other

Other

Miscellaneous

Total Cash Disbursements

4. Net Cash Flow for Month (Total Cash Receipts
less Total Cash Disbursements)

\$ 3.49

5. Ending Cash Balance

CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

Total Disbursements for the Month (from above)

Less: Transfers between bank accounts

Add: Any amounts paid on behalf of the debtor by others

Disbursements for U.S. Trustee Fee Calculation

(A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

(1) Current month beginning cash balance should equal the previous month's ending balance.

Rev. 2012-08

PAGE 2

(1) Total for all accounts should agree with total cash receipts listed on page 2.

CASE NO:

20-12475

For Period: _____ to _____

Debtor In Possession Account:

Total automatic debits for the month which identify who is paid

Total Cash Disbursements

5

(A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

(1) Total for all accounts should agree with total cash disbursements listed on page 2.

Rev. 2012-06

PAGE 5

INCOME AND DISBURSEMENTS RECAP

Debtor:

Linda Armellino

Case Number: 20-12475

Date Case was filed:

11/06/2020

This form is to be used to record Monthly Operating Reports' Income and Disbursements filed to date. It serves as a running total of overall income, expenses and net income (or loss) for the case.

Year: 2020

	Income	Expenses	Net Inc/ (Loss)
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov	20.00	11.95	8.05
Dec	1120.00	1173.13	<53.13>

Year: 2021

	Income	Expenses	Net Inc/ (Loss)
	<45.08>		<45.08>
	100.00	10.99	43.93
	500.00	489.42	54.51
	1254.57	1242.57	11.94
	11.94		11.94
	811.94	564.05	247.89
	1327.89	708.05	619.84
	3182.05	2983.64	198.41
	198.41	185.02	13.39
	13.39	9.90	3.49
	3.49		3.49

TOTAL

1140.00	1185.08	<45.08>
---------	---------	---------

--	--	--



America's Most Convenient Bank®

T

STATEMENT OF ACCOUNT



Scan the QR code to
sign in to your online
statement.

LINDA M ARMELLINO
DIP CASE 20-12475 EDVA
5811 HAMPTON FOREST
FAIRFAX VA 22030-7254

Page: 1 of 2
Statement Period: Nov 01 2021-Nov 30 2021
Cust Ref #: ###
Primary Account #: 2446



Chapter 11 Checking

LINDA M ARMELLINO
DIP CASE 20-12475 EDVA

Account # 2446

ACCOUNT SUMMARY

Beginning Balance	3.49	Average Collected Balance	3.49
		Interest Earned This Period	0.00
Ending Balance	3.49	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
		Days in Period	30

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period